

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	50	7536	8/8/00
O.I.P.E. CLASSIFIER		10	8/8/00
FORMALITY REVIEW	LL	811	9/32/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓ 0	6/25/04
2 ✓ 0	
3 ✓ 0	
4 ✓ 0	
5 ✓ 0	
6 ✓ 0	
7 C O	
8 C O	
9 C O	
10 C O	
11 ✓ 0	
12 C O	
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20 ✓ 0	
21 C O	
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42 C O	
43 ✓ 0	
44 ✓ ✓	
45 ✓ 0	
46 ✓ 0	
47 ✓ 0	
48 ✓ 0	
49 ✓ 0	
50 C O	

Claim	Date
Final	
Original	
51 C O	6/25/04
52 O O	
53 C O	
54 ✓ O	
55 C O	
56 C O	
57 C O	
58 ✓ O	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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